EDITORIAL ARTICLES.

THE FRENCH CONGRESS OF SURGERY AND THE RADICAL CURE OF HERNIA.

The value of the radical cure of hernia estimated by its ultimate results was the subject of an important debate at the recent French Congress of Surgery.[1]

The debate was opened by M. Socin, of Bâle, who spoke strongly in favor of the view that the results deserved to be regarded as a real and genuine cure. He had done the operation 75 times in cases without strangulation, and 85 times in cases in which strangulation existed. The first category gave 2 deaths, the second 11.

Of the 147 survivors, M. Socin had seen 133 some time after the operation, some after only one year, some after nine years. Of the 133, 83 remained completely cured. As to the others, if they were not cured completely they were greatly benefited.

As to the indications for the operation he believed it ought to be done on all strangulation cases except those in which the intestine could not or ought not to be reduced.

He employs antiseptic methods in the utmost strictness. He is careful to disinfect even the intestine before returning it.

So highly does he think of the results that he regards it as a positive misfortune to the patient if his hernia happens to be reduced by the taxis.

The following he gives as the indications for attempting radical cure in non-strangulated cases: When in young subjects of either sex, the classical treatment by truss fails to keep the hernia reduced in an absolutely permanent manner, and in adults when the truss does not keep

[1]Discussion at the French Congress of Surgery. *Le Bulletin Medical*, March 18, 1888.

up the hernia completely, easily and painlessly. The younger the patient and the smaller and more recent the hernia the greater the chances of success. He says that in young subjects hernia is always congenital, it depends on persistence of the tunica vaginalis in an open condition. Close it and the patient is put in a normal condition and his hernia in truth radically cured. In subjects less than 25 years old he had obtained a percentage of at least 62 of cures.

But above the age of 25 his complete cures equal only 42 per cent. The conditions are here very different. There may be lengthening of the mesentery, much obesity of the omentum, relaxation of the abdominal wall and rings, upon all which conditions the extirpation of the sac has no effect, at least directly. Double hernia or a family history of hernia diminishes the chance of cure. The use of a truss after operation is condemned.

With regard to the deaths in his non-strangulated cases, he says that one case was that of a female of 54 with a large crural hernia. Its size was that of an adult's head. The chafed and attenuated skin threatened to mortify, and he resected 34 square centimeters of it. The sac contained a litre of fluid. The second case was that of a man, aged 42. There had been symptoms of strangulation and reduction had been effected by taxis. A large piece of omentum had to be removed.

M. Socin then draws the following conclusions:

The operation is without danger except in (1) very old people, (2) when the hernia is very large, and the integument ulcerating, (3) when removal of a large portion of omentum is indispensable.

Now this conclusion is not strictly warranted, and I must again protest, as I have often done before, against authors, laying down the law in regard to radical cure of hernia from their own individual experience. It is quite unnecessary, because there are excellent and honest surgeons in every country now recording their observations. It is, moreover, not right for any surgeon to assume that, even after operating on over a hundred cases, he has, in his own personal experience, exhausted the possible or even likely forms of danger.

If I were to judge by my own personal experience alone, I should

say that the operation for radical cure of hernia by excision of the sac is more dangerous in infants with small herniæ than in patients of 40 or 50 with large ones, and I have heard of cases in the practice of other surgeons which confirm this view. It is certainly easier to insure strict asepticism in the latter than in the former class of cases.

Another observation may be made appropriately here, which was called forth by the discussion at Dublin, noticed on another page of this journal, and, indeed, applies to nine out of ten papers on the subject. Each surgeon speaks and writes as if there were no other mode of attempting the radical cure of hernia than that with which he is himself familiar, or if he does recognize any variety, it is only to call attention to some modification of detail which he has made or thinks he has made himself.

It must be obvious that the expression of strong general opinions, sweeping statements of laws on the subject are out of place in such papers.

Macewen's operation, Ball's operation and injection methods are ignored throughout this debate

To return to M. Socin. He formulates the operation he practises as follows: "The operation consists in total removal of the sac up to above its neck. Suture of the pillars is only exceptionally necessary. In congenital herniæ, the dissection of the hernial sac may offer difficulties, nevertheless it succeeds in the great majority of cases. The lower part may be preserved to act as a tunica vaginalis testis. When there is ectopy with atrophy of the glandular tissue, the testicle ought to be removed with the sac.

M. THIRIAR, of Brussels, who follows minutely the procedure of M. Lucas Championnière, described in the ANNALS OF SURGERY for October, 1887, p. 356, has operated 21 times and had one death attributable to the operation, viz., that of a patient, 64 years old, attacked on the sixteenth day by "alcoholic encephalitis."

M. Thiriar's operations are too recent to justify conclusions as to ultimate results.

M. LEONTE, of Bucharest, practices the following operation: He drags down the sac until its abdominal orifice is visible. Just above

this level he makes a circular incision with curved scissors or with a bistoury. The two serous borders formed by the cut immediately retract and leave exposed a surface of cellular tissue; the upper serous border has even a tendency to curl up. M. Leonte favors this tendency by pushing up and exposing the serous border in question.

The sac itself he scrapes internally. When it is already irritated, as in strangulated cases, he simply bathes it in strong carbolic solution, or in solution of zinc chloride.

He claims to have had seven successes in the seven cases in which he has employed the operation. In each union took place by the first intention.

He does not state what means he adopted to prevent the intestine, etc., from coming back into the sac before the union of its walls took place.

M. ROUTIER gives a very favorable account of the results attained by himself in 14 cases; 12 were inguinal, and he states that 5 contained the cæcum.

M. MOLLIERE, of Lyons, speaking of umbilical hernia, says that the umbilicus should be removed; otherwise, it is impossible to isolate the sac.

M. TRELAT condemns the term "radical cure of hernia," and suggests "operative" or "surgical" "cure." He is of opinion that the true conquest achieved by the "surgical cure" of herniæ is the simplification of adherent and complicated herniæ. M. Trelat, like the preceding speaker, considers the operation to be absolutely without danger. M. Trelat may be excused for thus speaking, because a short time ago he was a firm opponent of the operation, and now, of course, has naturally a convert's zeal. MM. Moliere and Trelat were followed by M. BOECKEL, of Strassburg, who bluntly stated that he had lost two patients out of twelve, and considered the results not very encouraging. One patient died of acute septicæmia with gangrene of the scrotum, the other of delirium tremens. It is not, however, quite clear whether these fatal cases were or were not suffering from strangulation when operated on. M. Boeckel prefers Lucas-Championniere's method.

M. LE DIBERDER, of Lorient, described an autopsy on a man cured by Gerdy's invagination method, and attributed the principal role in the occlusion of the hernial canal to cellulo-fatty growths. Fibro-fatty growths can be induced by various irritations, and this fact may be utilized.

M. LUCAS-CHAMPIONNIERE says that operations for radical cure performed after strangulation should not be taken into account. Of others he has now done 81. The two first date seven years ago. One has to wear a truss, but was not operated on with all the care he now finds necessary. He says that from the sixth week one can judge whether or not a real radical cure will be obtained.

With regard to mortality—he has lost the case he last operated on. This is an instructive case and corroborates my own experience that it is far from being so safe to operate on some classes of hernial cases in a private house as in a hospital. M. Lucas-Championniere's patient was emphysematous and had a very large hernia. The operation took two hours and ten minutes. Death occurred rapidly from pulmonary congestion.

With regard to the truss, it is indispensable when there is a large orifice. In other cases M. Lucas Championniere now condemns it, but uses a truss placed above the *trajet herniaire* which protects it against the pressure of the intestines.

With regard to indications for operating, he does not see why the simple desire to obtain a radical cure should not be considered sufficient. He considers congenital hernia to be an absolute indication, because of the integrity of the rest of the abdominal wall.

M. P. SEGOND did not agree with M. Lucas Championniere that the question of whether the surgical cure of herniæ was a radical cure or not was one merely of words. Nor did he agree that the association, for the purpose of studying the result, of the operation of radical cures done on cases of strangulation and non-strangulation, was in the least illegitimate.

Surely every one must agree with M. Segond and, further, to the independent reader it must seem scarcely fair for M. Lucas-Championniere not to give the statistics of his strangulation cases. It is bad

enough that writers and speakers on the radical cure should almost universally ignore everybody's work but their own; it is worse when they only tell you as much about the latter as they think good for you. Readers would rather know the facts and judge for themselves of their value.

M. Segond also administers a well deserved rebuke to the numerous surgeons who have recently been condemning, with a positiveness in exact but inverse proportion to total absence of facts in support of the theory, the wearing of trusses after operation. Among his 44 cases he has found a perfect result in all who had been careful to wear a truss after operation, and relapse in most of those who had not.

We are told that a truss must tend to cause absorption of the new material formed in the canal, of the cicatrix, etc. What then? Surely nobody pretends that the canal is blocked up by this cicatrix, or this effusion of plastic material. It may always be observed to grow less and less for some time after the operation, whether a truss be worn or not. This I have often noticed. And, on the other hand, how is any amount of pressure likely to abolish adhesions? Would continued pressure from the sides cause a cured hare lip to re-open? In short, no other facts nor *a priori* considerations seem to me to condemn the use of the truss after the operation for radical cure.

The whole of M. Segond's remarks are noteworthy for their moderation, good sense and freedom from prejudice. He is no alarmist, but he does not, in the face of facts undeniable, pretend that the operation for radical cure is a trivial affair and free from danger. He justly says that each case and each patient must be considered individually before a decision is come to. His method of operating is that which all Frenchmen now call that of M. Lucas-Championniere, namely, the high and thorough excision of the sac, with minute antiseptic precautions, etc. He questions whether some of the small herniæ, recent and in young subjects, cured without a truss being worn after operation, ever really required operation at all.

M. L. G. RICHELOT condemned all partial proceedings, *e. g.*, incomplete removal of the sac, suture of the pillars of the ring only, omental plugs, etc. He proposes a formal classification of herniæ into 1, simple, 2, complex, 3, herniæ of the old and cachectic. C. B. KEETLEY.